

Foster Family Home - Corrective Action Report

Provider ID: 1-130017

Home Name: Jenifer Delos Trinos, CNA

Review ID: 1-130017-7

37 Hauola Avenue

Reviewer: Lisa Johnson

Wahiawa

HI 96786

Begin Date: 5/14/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 5/14/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/14/19.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.b.5 No proof of insurance for non- medical transportation.

41.b.7 CG#3 TB-clearance done in 2018, has the signature and date for 2017.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.d.1-2 [REDACTED] are checked in service plan, no orders from MD present in binder.

Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

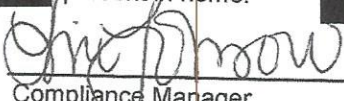
49.a.2. No grab bars placed in bathroom/shower due to renovation.

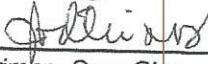
Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.c.5 Client #1 is prescribed [REDACTED] medication or [REDACTED] present in home. [REDACTED] No


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Jenifer Delos Trinos**

CCFFH Address: **37 Hauola Avenue, Wahiawa, HI 96786**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.5	Copies of insurance for nonmedical transportation was found on the file.	6/14/19	I will make sure they are in the right place in my file so they will be easily located during certification period.
41.b.7	TB clearance date and signature for CG #3 for 2017 has been corrected and filed.	6/14/19	I will check all TB clearances for all CG's and HHM's for any mistakes when I receive them.
47.d.1-2	The attending Physician has ordered for the side rails to be raised all times. This has been filed in my client book.	6/14/19	I will check the client service plan on admission and with new physician orders.
54.c.5	Medication for client #1 not found in the home has been discontinued by Doctor. Order placed in client's #1 chart.	6/14/19	I will check the MAR and Doctor's orders with my CMA nurse every month.
49.a.2	Grab bars have been installed in the client's bathroom.	6/14/19	I will always have a bathroom with grab bars for my clients.

Primary Caregiver's Signature: 

Print Name: **Jenifer Delos Trinos**

Date of Signature: **9/7/2019**